Memorandum of Understanding Intermittent Employment

I understand my appointment with the U.S. Geological Survey is **Intermittent** and that I am not entitled to Federal Group Life Insurance, Health Benefits coverage, annual leave, sick leave, holiday pay, or severance pay in the event of a reduction-in-force.

| It has also been made clear to me | that retirement deductions (will) (will I | not) be deducted from my salary. |
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| | (Signature) | |
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| - | (Date) | - |